10253

10254

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Ca. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood 82x-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Stanforth (Last) Cornelius

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 12, 1860
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Deep Landing, Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dr. Richard Stanforth
14. MOTHER'S MAIDEN NAME Martha Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Hal Nye, Harwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1949, to 11/19, 1954, that I last saw the deceased alive on 11/15, 1954, and that death occurred at 12 45 P.M., from the causes and on the date stated above.

SIGNATURE J. Weems (Degree or title) Mo ADDRESS Huntingtown DATE SIGNED 11/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 22, 1954
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Owensville Md (State)

DATE REC'D BY LOCAL REG. Nov. 21, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Hardesty Funeral Home, Galesville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
20 1954
BUREAU V. S.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10254

10255

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Calvert — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X

LENGTH OF STAY (in this place): 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	E.	Derene	November	1,	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	W. Married	July 17, 1872	82 yrs.	3	14		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore Md	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Davis	Margaret Boyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	579-46-4512	Helen Derene, Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Cerebral embolism	7 days
DUE TO (b)	Intracranial hemorrhage	10 days
DUE TO (c)		

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

544.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 1954, to Nov 1, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 1:25 p.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	[illegible]	11/2/54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 5 1954	Mt. Olivet Cem.	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-54	A.W. Ward	A. A. Harkness & Son - Mutual	Md

RECEIVED
NOV 5
BUREAU V. S.

10255

MARYLAND STATE DEPARTMENT OF HEALTH

10256

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓ X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Lusby, Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Hortence (Last) Godon
4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Nov. 22 1856
9. AGE last birthday 98 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Paris - France
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Delaporte
14. MOTHER'S MAIDEN NAME Jeanne Leroix
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ✓
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS Mrs Adele Strang - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Degeneration	2 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☑ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 11/19, 1954, to —, 19....., that I last saw the deceased alive on 11/19, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE E. S. Coster (Degree or title) - M.D. - ADDRESS Solomons, Md. DATE SIGNED 11/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/22/54
NAME OF CEMETERY OR CREMATORY St Paul M.E. Church
LOCATION (City, town, or county) (State) Lusby - Maryland
DATE REC'D BY LOCAL REG. 11/21/54
REGISTRAR'S SIGNATURE Dr E. S. Coster
24. FUNERAL DIRECTOR A. A. Harkness, Inc. ADDRESS Mutual Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 28 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10256

10257 **CERTIFICATE OF DEATH** Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelina X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Adelina
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) C. (Last) Gross

4. DATE OF DEATH: (Month) 11 (Day) 8, (Year) 19 54

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: ?

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Haight

14. MOTHER'S MAIDEN NAME: Carrie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary Brooks Adelina, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 10 months 1953

ANTECEDENT CAUSE (B) DUE TO Carcinoma of ascending colon 1952

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Oct 1952

19B. MAJOR FINDINGS OF OPERATION Carcinoma of ascending colon

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to ....., 19....., that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 11, P. M, from the causes and on the date stated above.

SIGNATURE Edgar Pratt M. D. ADDRESS Prince Frederick DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11-11,54 | NAME OF CEMETERY OR CREMATORY Carrollo | LOCATION (City, town, or county) (State) Barstow Md

DATE REC'D BY LOCAL REGISTRAR 11-10-54 | REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR ADDRESS P. E. Sewell Prince Fred. Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 15 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10257

10258 CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pt Frederick X
LENGTH OF STAY (in this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) S (Last) Hall

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 29, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. F. Bowen

14. MOTHER'S MAIDEN NAME: Betty Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs. Leone Williams - Island Creek, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset And Death: 1 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 30 pm....., from the causes and on the date stated above.

SIGNATURE Page Hall (Degree or title)

ADDRESS Prince Frederick

DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 25, 1954

NAME OF CEMETERY OR CREMATORY Christ Church Cem.

LOCATION (City, town, or county) (State) Pt Republic Md

DATE REC'D BY LOCAL REGISTRAR 11-24-54

REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR A. A. Hackman & Son

ADDRESS Mutual, Md

VS. A15

RECEIVED
NOV 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10258

10259 CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH.
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cortes
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cortes
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Mel (Middle) Herman (Last) Hostdahl

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan. 14 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 10 Days 0 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Mail Service

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fritz Hostdahl

14. MOTHER'S MAIDEN NAME: Josephine Prinz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Sarah Jane Hostdahl - Cortes, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) OUE TO Coronary thrombosis

ANTECEDENT CAUSE (B) OUE TO Had been sick mentally

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Had been sick mentally

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21C. WHERE DID INJURY OCCUR? (City or town) (County) Calvert (State) Md

21D. TIME OF INJURY (Month) (Day) (Year) 11/14/54 (Hour) 11:30 A.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Natural

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF Nov 17, 1954

NAME OF CEMETERY OR CREMATORY Middletown Chapel

LOCATION (City, town, or county) (State) Lusby, Calvert Co. Md

DATE REC'D BY LOCAL REGISTRAR 11/18/54

REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR A. A. Haskins & Son ADDRESS Mutual, Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10259

10260 CERTIFICATE OF DEATH Reg. Dist. No. 52

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach — MARYLAND — LENGTH OF STAY (in this place) 7yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 905-Atlantic Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach — STREET ADDRESS (If rural give location) 905-Atlantic Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Cecelia (Last) McFADDEN

4. DATE OF DEATH. (Month) 11 (Day) 10 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed — 8. DATE OF BIRTH: July 26, 1871 — 9. AGE last birthday 83 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Delaware — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hanson — 14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Edward McFadden 905-Atlantic Ave North Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive cardio vas renal disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1949, to 11/10, 1954, that I last saw the deceased alive on 11/10, 1954., and that death occurred at 4 23/A M, from the causes and on the date stated above.

SIGNATURE A. Weems. — ADDRESS M.D. Huntingtown Md. — DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-13-1954 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 11/10/54 — REGISTRAR'S SIGNATURE Grace L. Hutchins — 24. FUNERAL DIRECTOR Timothy Hanlon — ADDRESS 3531-Ga. Ave. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10260

10261 CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lunderland X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (Last) Reed

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Aug 29, 1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Former Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Reed
14. MOTHER'S MAIDEN NAME: Levi Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-07-1342
17. INFORMANT & ADDRESS: Arbusa Reed Wife Lunderland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed chest — Interval Between Onset And Death: 4 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Shock — 4 hrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrown from a truck

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Plum Point (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 11 (Day) 26 (Year) 54 (Hour) 430 P.m.
INJURY OCCURRED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Was thrown from a truck

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 8.10 P.m., from the causes and on the date stated above.
SIGNATURE H. W. Ward (Degree or title) D.V.M. ADDRESS Quiny Md DATE SIGNED 11/26/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 11-29-54
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REGISTRAR 11-29-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince ADDRESS Frederick Md

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

10262 10261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Paris X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) D (Last) Rice

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: —

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Sept 13 1899

9. AGE last birthday: 55 yrs

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joe Rice

14. MOTHER'S MAIDEN NAME: Louise Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Allen Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Not where of stomach

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

21c. (City or town) Paris (County) Calvert (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/8/54 10:30 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 11-12, 54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Lancaster (State) Md

DATE REC'D BY LOCAL REG. 11-10-54 REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR P. E. Sawyer Prince Frederick ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10262

10263 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby (rural) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) H. (Last) Stinnett
4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	Oct. 27, 1881	73 yrs.	0	23		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Calvert County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stinnett
14. MOTHER'S MAIDEN NAME: Mary Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mattie G. Stinnett - Lusby, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

IMMEDIATE CAUSE (A) Cachexia (Carcinomatosis)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Ca of Stomach DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 54, to Nov 20, 19 54, that I last saw the deceased alive on Nov 20, 19 54, and that death occurred at — M, from the causes and on the date stated above.

SIGNATURE R.W. Williams M.D. ADDRESS St Thomas DATE SIGNED 11/22

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 23, 1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-54
REGISTRAR'S SIGNATURE H.W. Ward
24. FUNERAL DIRECTOR C.A. Parkinson & Son ADDRESS Prince Frederick, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 23 1954
BUREAU V. S.

DEC 2 1954

10263

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10264

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowens X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowens X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) B. (Last) Wood

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Feb. 19 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 9 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tucker
14. MOTHER'S MAIDEN NAME: Annie White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Clifton Wood - Bowens, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1954, to 11/26, 1954, that I last saw the deceased alive on 11/26, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Mo ADDRESS Huntingtown Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 2 1954
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Barstow (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-2-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son, ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1954
BUREAU V. S.